

Appl. No. 09/807,766
Reply to Office Action of June 10, 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Claus Joerg Weiske et al.
Appl. No.: 09/807,766
Conf. No.: 4661
Filed: April 18, 2001
Title: METHOD FOR CHANNEL ADJUSTMENT OF TRANSMISSION SIGNAL
POWER IN A WAVELENGTH DIVISION MULTIPLEXING
TRANSMISSION SYSTEM
Art Unit: 2664
Examiner: K. D. Mew
Docket No.: 112740-643

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AND RESPONSE PURSUANT TO 37 C.F.R. §1.116



Sir:

OK
to
Enter
In response to the Office Action dated June 10, 2005, Applicants herein amend the above-identified application and respond as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Km
Remarks begin on page 5 of this paper.

AF
JW

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. 112740-643	
Applicant(s): Claus Joerg Weiske et al.					
Application No. 09/807,766	Filing Date April 18, 2001	Examiner K.D. Mew	Customer No. 29177	Group Art Unit 2664	Confirmation No. 4661
Invention: METHOD FOR CHANNEL ADJUSTMENT OF TRANSMISSION SIGNAL POWER IN A WAVELENGTH DIVISION MULTIPLEXING TRANSMISSION SYSTEM					
COMMISSIONER FOR PATENTS:					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	7 -	20 =	0	x \$50.00	\$0.00
INDEP. CLAIMS	2 -	3 =	0	x \$200.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 02-1818 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
 _____ <i>Signature</i> Peter Zura (Reg. No. 48,196) Customer No.: 29177 312-807-4208			Dated: September 12, 2005 <div style="border: 1px solid black; padding: 5px;"> <p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on</p> <p style="text-align: center;"><u>September 12, 2005</u> (Date)</p> <p style="text-align: center;"> _____ <i>Signature of Person Mailing Correspondence</i> Heather Foster</p> <p style="text-align: center;"><i>Typed or Printed Name of Person Mailing Correspondence</i></p> </div>		
cc:					